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DATE: October 16, 2007

PTO IDENTIFIER: Application Number 10/044,296-Conf. #6836  
Patent Number

Inventor: Chris D. Constantinides

MESSAGE TO: US Patent and Trademark Office

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PAGES (Including Cover Sheet): 17

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Petition for Extension of Time (1 page)  
Amendment Transmittal (1 page)  
Certificate of Transmission (1 page)

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Application No. (if known): 10/044,296

Attorney Docket No.: 56873(71699)

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Response to Office Action (13 pages)  
Petition for Extension of Time (1 page)  
Amendment Transmittal (1 page)

OCT 16 2007

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 56873(71699)	
Application No. 10/044,296-Conf. #6836		Filing Date January 10, 2002		Examiner E. M. Chao	
				Art Unit 3737	
Applicant(s): Chris D. Constantinides					
Invention: MAGNETIC RESONANCE IMAGING METHODS AND COMPOSITIONS					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	30	- 39 =	0	x 50.00	0.00
Independent Claims	2	- 3 =	0	x 210.00	0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					1,050.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>1,050.00</b>
<input checked="" type="checkbox"/> Large Entity <span style="margin-left: 200px;"><input type="checkbox"/> Small Entity</span>					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>04-1105</u> In the amount of \$ <u>1,050.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>04-1105</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
Lisa Swiecz Hazzard Attorney/Agent Reg. No. <u>44,368</u>				Dated: <u>October 16, 2007</u>	
EDWARDS ANGELL PALMER & DODGE LLP P.O. Box 55874 Boston, Massachusetts 02205 (617) 517-5512					